



Workers' Compensation Supplemental Questionnaire
TO BE COMPLETED WITH ACORD 130 APPLICATION

Named Insured: _____ **Years in Business:** _____
Website Address: _____ **Broker Controlled Account:** Yes No

Contact Information

Primary Contact:	Tel:
Primary Contact Title:	Email:
Inspections Contact:	Tel:
	Email:
Premium Audit Contact:	Tel:
	Email:
Claims Contact:	Tel:
	Email:

Prior Payroll & Premium

	Total Annual Payroll	Premium
Expiring Year: 2016		
Prior Year: 2015		
Prior Year: 2014		
Prior Year: 2013		
Prior Year: 2012		

Have you had a lapse in your Workers' Compensation coverages during the last two years? Yes No

Please explain any annual change in payroll of greater than 15%:

Operations

Description of Operations:	# of locations:
Expected growth/downsizing plans in coming year:	
Hours of Operation: From _____ to _____	# of Shifts: _____ 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any operations outside of CA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Insured been in Bankruptcy during the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant allow employees to work more than 3 consecutive 12-hour shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees work from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees use noncommercial or chartered air carriers, including helicopters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees travel outside of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do any employees travel internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Maximum # of employees at any 1 location during 1 shift?	
Do you provide any group transportation for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age of buildings:	
Is any work done at heights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the Maximum height worked?	
If yes, what type of work:	
Total # of Employees: _____	Full Time: _____ Part Time: _____

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# of W-2's issued last year: _____	Seasonal: _____	Volunteers: _____
How are Employees paid? <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Piece Rate <input type="checkbox"/> Flat Salary <input type="checkbox"/> Other		
How many employees are: Union? _____	Non-Union? _____	Day Laborers? _____
If you use Day Laborers please provide details:		
Actual average hourly wage for employees in governing class: \$ _____ /hour		
Annual employee turnover rate: _____ %	Average tenure of employees: _____ months & _____ years	
Do you subcontract any work to subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe nature of work subcontracted:		
Do you require Certificates of Insurance for Workers' Compensation from subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you obtain copies of each sub-contractors license number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare Practices		
Is a group medical plan provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide name of healthcare provider:		
Do employees get paid sick leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees get paid vacation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees participate in a retirement or pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently participating in a Medical Provider Network?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the name of the current MPN:		
Does the insured provide CPR training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a designated medical clinic where employees are referred for emergency treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have or do you agree to participate in a Return to Work Program for Injured Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is modified work available for injured employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hiring Practices		
Employment Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-Employment Physicals: <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Background Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
New employee orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Safety Program & Organization		
Is there a designated Safety Director? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
If yes, Name & Title:		
Tenure of Employment:		
Are OSHA logs maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Written Safety Program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any OSHA violations within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are safety meetings conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other		
Is there an accident investigation program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there disciplinary procedures for employees who are in violation of Company policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often is Drug Testing conducted? <input type="checkbox"/> Never <input type="checkbox"/> At Hire <input type="checkbox"/> Random <input type="checkbox"/> For cause <input type="checkbox"/> Suspicion		
Personal Protection Equipment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, please describe:		
Manual Lifting – Maximum Weight:		
Is there a Safety Incentive Plan for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is senior management aware of all Workers' Compensation claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Catastrophic or Occupational Disease Exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Are claims reported within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you SB 198 complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is work area congested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is premises maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No
General-Ops – Auto: (Complete only if you have OWNED vehicles and are a not for hire operation)	
Do you have any vehicles for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please additionally complete the Trucking section.	
# of Light Vehicles:	# of Medium Vehicles:
# of Extra-Heavy Vehicles:	Total # of Vehicles:
Maximum radius of operations: If any out of state travel please provide detail:	Any overnight travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do drivers unload vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Carrier Filings: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> State <input type="checkbox"/> Federal
Vehicles taken home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Allow Personal use of vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No
MVR's reviewed annually: <input type="checkbox"/> Yes <input type="checkbox"/> No	Participating in CA Pull program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers under the age of 25: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fleet Maintenance Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any vehicles have lift-gates? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Equipment attached to vehicles or Trailers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contractors	
Contractors License #:	Specific Trade:
Years in Trade:	Operations:
Estimated Gross Payroll:	Gross Receipts: \$
Sub-Contractor Cost: \$	Do you provide Waivers of Subrogation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require Certificates of Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum Height work is performed:	Maximum Depth underground work is performed:
Average Job Size:	Maximum Job Size:
Each row must total 100%:	
1) % Commercial: _____ % Condo/Apts.: _____	% Residential: _____ % Government: _____
2) % New: _____ % Remodeling: _____	% Service/Repair: _____
3) % Exterior: _____ % Interior: _____	
Do you perform any of the following types of work?	
Asbestos: <input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Mains: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway Work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pole Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tunneling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sewer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Steel Erection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Crane Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Concrete Tilt-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Multi-Story Buildings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scaffold Setup: <input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drilling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Wrecking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grading: <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior Framing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bridge Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Excavation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dock/Sea Walls: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spray Painting: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street/Road Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your work require the use of Cranes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other use of heavy equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Does your work require the use of Scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much:
What type of protective equipment is required?	
Restaurants	
Is there a bar/lounge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of Sales - Food:	% of Sales – Liquor:
Special Events Setup: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Entertainment Setup: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Catering or Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Maximum Delivery Radius:	Delivery Hours:
Do you perform MVR checks on drivers?	Vehicles used: <input type="checkbox"/> Personal <input type="checkbox"/> Company <input type="checkbox"/> Both

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# of Wait staff:	# of Bartenders:	# of Cooks:
Average entrée price: \$	Multiple floors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Valet Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employees: <input type="checkbox"/>	Sub-Contractors: <input type="checkbox"/>
Are non-slip shoes required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have non-slip flooring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hotels		
# of Rooms:	# of Stars:	Average Room Rate: \$
Any Robberies or Burglaries in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager on site 24 hours a day: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do on-site managers evict tenants themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No	Armed Security on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Weapons on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Cameras on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Restaurant on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conference Center: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide Shuttle Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many vehicles:	
List of operations Sub-Contracted to others (check all that apply):		
Window Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tree Trimming: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Landscaping: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lifeguard: <input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum Height work is performed:		
Housekeeping Exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Moving of Furniture: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mattress Flipping or rotating: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either, do you require more than 1 person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Apartments		
# of Units:		
List of operations Sub-Contracted to others:		
Window Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tree Trimming: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Landscaping: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mowing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Above ground work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Carpet Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Guards: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do on-site managers evict tenants themselves: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager on site 24 hours a day: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Warehousing/Manufacturing		
Mechanical Equipment Used:		
Cranes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Overhead Cranes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conveyors: <input type="checkbox"/> Yes <input type="checkbox"/> No
Scissor Lifts: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, fall-protection plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pallet Jacks: <input type="checkbox"/> Yes <input type="checkbox"/> No
Forklift: <input type="checkbox"/> Yes <input type="checkbox"/> No	Electroplating: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certified forklift operator training: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Manual lifting – Maximum weight:	Maximum height worked:	
Maximum storage height:	Machine Guarding: <input type="checkbox"/> Point of Operation	<input type="checkbox"/> Drive Mechanism <input type="checkbox"/> Moving Parts
Punch Press: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is press properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Personal Protection Equipment if provided or in use:		
Any use of flammable, explosive, chemical, or gaseous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loading/Unloading at insured facility performed by employees: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loading/Unloading at customer facility performed by employees: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Offsite Delivery with owned vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete General-Ops – Auto section.		
Auto Dealers & Service		
Franchised: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sell <input type="checkbox"/> ATV's <input type="checkbox"/> Boats <input type="checkbox"/> Motorcycles (Check all that apply)	
% age of Sales: _____ % New Car	_____ % Used Car	_____ % Body Shop
_____ % Parts	_____ % Repair	
# of vehicles used in Parts Delivery (if applicable):		
Age of Drivers:	Under 25: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Salespersons:	Are salespersons provided a company vehicle for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any of the following?	Towing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roadside Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tire Repair: <input type="checkbox"/> Yes <input type="checkbox"/> No	Caged Tire Repair process: <input type="checkbox"/> Yes <input type="checkbox"/> No
IF you have a Body Shop with a Paint Booth:		

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Do you have an approved Spray Booth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do employees wear/use respiratory protection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees properly trained in the use of respiratory equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mini-Mart/Gas Station			
Hours of Operation: From _____ to _____		# of Shifts: _____	
Mini Mart on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Car Wash: <input type="checkbox"/> Yes <input type="checkbox"/> No	%age of sales: _____ Gas _____ Food	
Access to Freeway: <input type="checkbox"/> 0-1 mile <input type="checkbox"/> 1-2 Miles <input type="checkbox"/> 2+ miles		Security Camera on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the premises have a Bulletproof Customer Service Booth? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If open 24 hours, is at least 1 employee on site at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical Contractors			
Percentage of work: _____ % Industrial		_____ % Utility	
_____ % Residential		_____ % Commercial	
Are you properly Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		License #:	
Do you perform work on Power Lines? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you perform work on Transformers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Percentage of Aerial Work: _____ %	
Do you own a Bucket Truck or Trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Involved in any underground work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HVAC Contractors			
Percentage of Work: _____ % Industrial		_____ % Commercial	_____ % Residential
_____ % New		_____ % Remodel	
_____ % Electric		_____ % Gas	_____ % LPG
Are you properly Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		License #:	
Do you remove or repair Boilers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you involved in asbestos removal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum height work is performed: _____			
Masonry Contractors			
Percentage of Work: _____ % Commercial		_____ % Residential	
_____ % Interior		_____ % Exterior	
Maximum height work is performed: _____		Involved in Sandblasting: <input type="checkbox"/> Yes <input type="checkbox"/> No % of Business: _____	
What type of personal protection equipment is provided? _____			
Are you involved in Demolition of Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you work with scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, up to what height: _____	
Painting Contractors			
Percentage of Work: _____ % Industrial		_____ % Commercial	_____ % Residential
_____ % Interior		_____ % Exterior	
Do you perform Sandblasting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you perform Bridge Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work in the interior of tanks or work in confined spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Maximum height work performed: _____		Do you provide any transportation for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all flammables and paint stored in accordance with all state and federal regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Plumbing Contractors			
Percentage of Work: _____ % Industrial		_____ % Commercial	_____ % Residential
_____ % Interior		_____ % Exterior	
Are you properly Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		License #:	
Do you work in refineries, large manufacturing facilities, or wastewater plants? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you work on LPG equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you work on gas lines outside of buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work with asbestos removal or pipe insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any trenching or excavating? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, at what depth: _____	
How are utilities identified, please describe? _____			
Do you offer 24 hour service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you clean sewers or industrial drains? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Landscape Contractors		
Percentage of Work: _____ % Industrial	_____ % Commercial	_____ % Residential
Do you build retaining walls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you trim trees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are day laborers used in your operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is work seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of mechanical equipment do you use, please describe?		
How are utilities identified, please describe?		
Maximum depth of work:	Do you work near major highways or interstates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you take precautionary measures to protect and prevent a collapse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you involved in Reclamation Work or Clearing of Land? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your work ever require blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use hazardous pesticides and fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Carpentry Contractors		
Percentage of Work: _____ % Industrial	_____ % Commercial	_____ % Residential
_____ % New	_____ % Remodel	
Maximum height work is performed:	Do you install trusses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are day laborers used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you frame homes or condominiums? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Woodwork or Cabinetry Contractors		
Operations OSHA compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment properly guarded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dust Collection System in place: <input type="checkbox"/> Yes <input type="checkbox"/> No	Raw materials and Flammables properly stored: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Delivery of product: <input type="checkbox"/> Yes <input type="checkbox"/> No	Installation of product: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of mechanical aids for material handling: <input type="checkbox"/> Yes <input type="checkbox"/> No	All trucks equipped with lifts: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is proper eye protection and respiratory equipment provided to employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is approved spray booth properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No		